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APPLICANTS
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**** CONTINUING DATA *******
 This appln claims benefit of 60/454,966 03/14/2003 *M.D.P.*

**** FOREIGN APPLICATIONS *******
Done M.D.P.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 05/17/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 6	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 4
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance *M.D.P.*

Verified and Acknowledged
 Examiner's Signature *Michael D. P...* Initials *M.D.P.*

ADDRESS
 05073

TITLE
 Relational model for management information in network devices

FILING FEE RECEIVED 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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